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## BIB DATA SHEET

CONFIRMATION NO. 8922

|  |   |  |                               |  |                           |                                |
|--|---|--|-------------------------------|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/764,619   | <b>FILING or 371(c)<br/>DATE</b><br>01/26/2004<br><b>RULE</b>   | <b>CLASS</b><br>227                                      | <b>GROUP ART UNIT</b><br>3734 | <b>ATTORNEY DOCKET NO.</b><br>10121/00308                    |                           |                                |
| <b>APPLICANTS</b><br>Gary McAlister, Franklin, MA;<br>Robert L. Sakal, Bolton, MA;<br><b>** CONTINUING DATA *****</b><br>This application is a CON of 10/083,097 02/26/2002 PAT 6,716,222<br>which is a CON of 09/727,051 11/30/2000 PAT 6,398,795<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/03/2004 |   |  |                               |  |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /CHRISTINA DANIELLE GETTMAN/<br>Acknowledged Examiner's Signature  |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWINGS</b><br>14                                 | <b>TOTAL CLAIMS</b><br>16 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>FAY KAPLUN & MARCIN, LLP<br>150 BROADWAY, SUITE 702<br>NEW YORK, NY 10038<br>UNITED STATES   |   |  |                               |  |                           |                                |
| <b>TITLE</b><br>Stapling and cutting in resectioning for full thickness resection devices  |   |  |                               |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>770  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                               | <input type="checkbox"/> All Fees                            |                           |                                |
|  |   |  |                               | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |                                |
|  |   |  |                               | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |                                |
|  |   |  |                               | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |                                |
|  |   |  |                               | <input type="checkbox"/> Other _____                         |                           |                                |
|  |   |  |                               | <input type="checkbox"/> Credit                              |                           |                                |